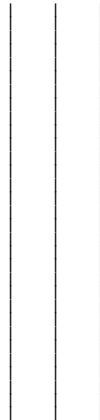


PLACE  
STAMP  
HERE



  
DIVISION OF CHILD SUPPORT EFT  
PO BOX 9010  
OLYMPIA WA 98507-9010

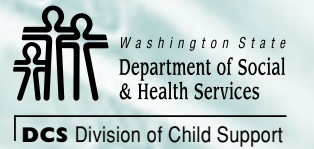


**DCS** Division of Child Support  
DSHS 22-069 (X) (Rev. 3/11)

# Child Support Payments For Employers

Electronic  
Funds  
Transfer

( E F T )



Electronic Funds Transfer (EFT)

The Division of Child Support (DCS) encourages employers to send withheld support money by Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI). EFT/EDI transactions are cheaper, faster, and safer to send and receive than paper checks. DCS offers several free EFT/EDI options to meet the needs of any size employer.

- Internet: [www.dcsonline.dshs.wa.gov](http://www.dcsonline.dshs.wa.gov)
- The Child Support Internet Payment Service (CSIPS) is secure, providing 128-bit encryption
  - CSIPS offers “on-line” authorization
  - To make payments users create their own User ID and password and register their bank account
  - You can build an employee data file within the website, or upload an existing payroll file, and change it as necessary
  - CSIPS is flexible and convenient
  - Select payment delivery dates
  - Schedule future payments
  - A single bank debit transaction handles multiple employee payments

Repetitive Automated Clearing House (ACH) Debit

- Employers authorize DCS to automatically take the payment from their bank account
- Deductions happen on the same day(s) each month until the employer notifies DCS to stop or make changes
- When employee payment amounts do not change, repetitive debit works well for employers with a relatively small, stable work force

Pay-by-Phone Employer Initiated ACH Debit

- Using a touch-tone telephone, the employer initiates a debit to their bank account
- There is flexibility to change the days of the deduction and/or amounts to coincide with each pay period
- Up to 10 payments can be authorized per telephone call

ACH Credit

- Funds are transferred to the DCS bank account using an ACH credit transaction similar to a direct deposit
- The employee identification and payment information is sent in the form of an EDI addenda record through the ACH network with the EFT payment
- Employers should contact their own financial institution to determine its EFT/EDI capabilities, to seek help with formats, standards, and technical needs to start the application, and to find out about costs associated with transactions
- DCS can accept payments in the Corporate Credit or Debit with addenda (CCD+) and Corporate Trade Exchange (CTX) standardized child support formats
- Format Guide: [www1.dshs.wa.gov/pdf/esa/dcs/userguide/pdf](http://www1.dshs.wa.gov/pdf/esa/dcs/userguide/pdf)

For more detailed information, call 1-800-468-7422 or 360-664-5103.

EFT Authorization Form

Employer Authorization Agreement for Electronic Funds Transfer (EFT) of Child Support Payments

Written authorization not needed for Internet – [www.dcsonline.dshs.wa.gov](http://www.dcsonline.dshs.wa.gov)  
Use for ACH Credit Authorization, Pay by Phone, or Repetitive Debit Authorization

Business Name	FEIN	Date of first payment (optional)
Contact Person	Title	Phone
Mailing Address	Email Address	
City	State	Zip

EFT Options:

☐ ACH Credit with Addenda  
☐ CCD+ ☐ CTX

The Washington State Division of Child Suport (DCS) is hereby requested to grant authority for the above named business to initiate ACH CREDIT transactions to the DCS bank account for child support payments. DCS bank account information will be sent to you upon receipt of this form. \*\* Authorization is NOT granted for DEBIT entries to the DCS bank account.

Signature	Title	Date
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For Pay-by-Phone or Repetitive Debits, complete this section:

☐ ACH Debit (Employer Initiated)  
☐ Touch-tone

Does Emloyer Porvide Medical Insurance? ☐ Yes ☐ No

☐ ACH Debit (Repetitive-DCS Initiated)  
Number of Employees   
Date(s) of Payment  (Dates of the month – must be numeric)  
Attach detailed listing with name, social security number and amount for each employee.

The Washington State Division of Child Support is hereby authorized to initiate debit entries to the bank account identified below, and the bank is authorized to debit such account. This authority is to remain in effect until mutual agreement between the Employer and DCS. If selecting touch-tone, instructions for initiating payments will be mailed to you upon receipt of this form.

Signature	Title	Date
Bank Name		
Branch Address		Branch Telephone
ABA Routing Number	Account Number (Please attach a voided check for verification.)	

Detach this form, fold and seal for return mail